PRELIMINARY INFORMATION — EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER <u>EACH</u> OF THESE QUESTIONS excluded from this report details of such a trust benefiting you, your spouse, or dependent child? TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V. or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?
 If yes, complete and attach Schedule I. they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because IV. Did you, your spouse, or a dependent child purchase, sell, If yes, complete and attach Schedule III. If yes, complete and attach Schedule II. Name: CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES yes, complete and attach Schedule IV. Report Type Status Ē Karen Bass × × House of Representatives Member of the U.S. Annual (May 16, 2011) District: State: Callfornia **ANSWER EACH OF THESE QUESTIONS** Amendment Yes Yes Yes × Yes **ĕ** × Daytime Telephone: (213) 452-6565 <u>8</u> 8 ö ö <u>2</u> Officer or × Employee × × IX. Did you have any reportable agreement or arrangement with an outside entity?
If yes, complete and attach Schedule IX. VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)?

If yes, complete and attach Schedule VI. of filing in the current calendar year?
If yes, complete and attach Schedule VIII. If yes, complete and attach Schedule VII. VIII. Did you hold any reportable positions on or before the date For use by Members, officers, and employees appropriate schedule attached for each "Yes" response. **Employing Office** Each question in this part must be answered and the Termination Form A fermination Date: 30 days late. against anyone who files more than A \$200 penalty shall be assessed EGISLATIVE RESOURCE CENTER (Office Use Only) TRANSPORT OF EVENES OF SERVES 2011 MAY 19 PM 1: 10 MAY 1 6 2011 Yes Yes Yes Yes ĕ Yes 중 õ Ö 8 8 8 × × × × ×

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SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	its received under the Social Sec	urity Act.
Source	Туре	Amount
- 1	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
:	Spouse Speech	\$1,000
	Spouse Salary	NA
State of California	Salary	\$94,013.00
Community Coalition	Consulting Fee	\$26,500.00
Jemmott Rollins Group	Consulting Fee	\$44,000.00

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	Fidelity 401 (a)	Fidelity 403 (d)	College R	Teachers I	First Fede		Examples:		walue at the end of the institution ho value at the end of the reportir value at the end of the reportir value at the end of the reportir for rental or other real propert vide a complete address. For an ownership interest in that is not publicly traded, stat ness, the nature of its activities ton in Block A. Exclude: Your personal resistance during the reporting princome during the reporting the reporting the princome during the reporting the princome during the reporting the princome source; and any financial interferom, a federal retirement pro Savings Plan. If you so choose, you may income source is that of your so child (DC), or is jointly held with optional column on the far left. For a detailed discussion of Splease refer to the instruction I	Asset and/c ldentify (a) each asset i identify (a) each asset of income with a fair m the end of the report reportable asset or sou more than \$200 in "une more than \$200 in "une Provide complete name not use ticker symbols.) For all IRAs and other plans) that are self-direct investments, provide in investments, provide in investments, provide in ment accounts which a
	11 (a)	3 (d)	College Retirement Equities Fund	Teachers Insurance & Annuity Assoc.	First Federal Bank Trust Account	1st Bank of Paducah, KY Accounts		SP Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only
						L			None >	Ind rep me ple lf a year
			1	ļ	×	┡	Indefinite		\$1 - \$1,000	Indicate reporting method please silf an assi year and generate "None."
	<u> </u>			-		┢	3		\$1,001 – \$15,000	nd of the
├	×	×		\vdash		┢	-	×	Ψ10,001 - Ψ00,000	Value of Asset Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
\vdash		<u> </u>	×	×	ļ	×		Ĥ	\$50,001 - \$100,000 m \$100,001 - \$250,000	Value of Asset as we ar. If you use a rear. If you use a rear than fair mare than fair mare the method uning the same only the value only income, the value
						H			\$250,001 - \$500,000 ©	BLOCK B ue of As of asse if you u than fair the metho sold durir cluded o me, the v
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						Ì	!		\$25,000,001 - \$50,000,000	buld val
	1				1	1	1		Over \$50,000,000	be in the state of
				×	×	T			NONE	5 = 9.9 D 3 @ = \$ 3 0
						T		×	DIVIDENDS	Check all columns that retirement accounts that cyou to choose specific investment as 401(k) plans or may check the "None plividends, interest, au gains, even if reinvested disclosed as income. Or if the asset generated no ing the reporting period.
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						L		×	CAPITAL GAINS	e of Inco lumns the counts the specific ir
<u> </u>		<u> </u>	ļ			L			EXCEPTED/BLIND TRUST	In the control of the
							Royatties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
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<u> </u>	-	<u> </u>		-	1	1	1	-	\$201 – \$1,000 =	An rein the remains the remains the remains the rein the
 	1	ļ		 	<u> </u>	1	+	×	\$1,001 - \$2,500 <	mot ant a state ta ta ta ta ta ta ta ta ta ta ta ta ta
\vdash	 	 		+		+	+	-	\$2,501 - \$5,000 <	Amount of Income For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
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	<u> </u>	+	 -	+	 	+	+	+	\$1,000,001 - \$1,000,000 ×	do not allow do not allow estments or come (such u may check other assets, income by box below, aptital gains, e disclosed if no income
						T	†	-	Over \$5,000,000	me sed
								S (partial)	-	Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE VIII—POSITIONS

Name Karen Bass

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

zations); and positions solely of an honorary nature. Exclude: Positions listed on Schedule 1; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organi-

Position	Name of Organization
Boardmember	New Roads School
Boardmember	Liberty Hill Foundation
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SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement